

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

Last Name _____ First _____ Middle _____ Date _____

Street Address _____ Home Phone _____

City, State, Zip Code _____ Business Phone _____

Social Security #

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? Yes No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? Yes No

How did you learn of our organization? Newspaper Ad Agency employee Other

Are you willing to work: _____ Evenings? _____ Weekends?

Position applying for: _____ LPN _____ RN _____

Therapist (Specify) _____ Other _____

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EDUCATION:

School Name	Location of School	Course of Study Degree/Study	Years of Diploma
College:			
Vo-Tech or Trade:			
High School:			
Other:			

Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
Job Title and Describe your work: _____ Reason for leaving: _____

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Was your last name different from your present name during the above listed jobs?

Yes _____ No _____

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____

Fax: _____

Address: _____

2. Name: _____ Telephone: _____

Fax: _____

Address: _____

3. Name: _____ Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes _____ No _____

If you answered No, which job requirement can you not meet? _____

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CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

I applicant hereby authorize firm to request and receive from all prior employees within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reason for such termination.

DATE: _____ SIGNATURE: _____